

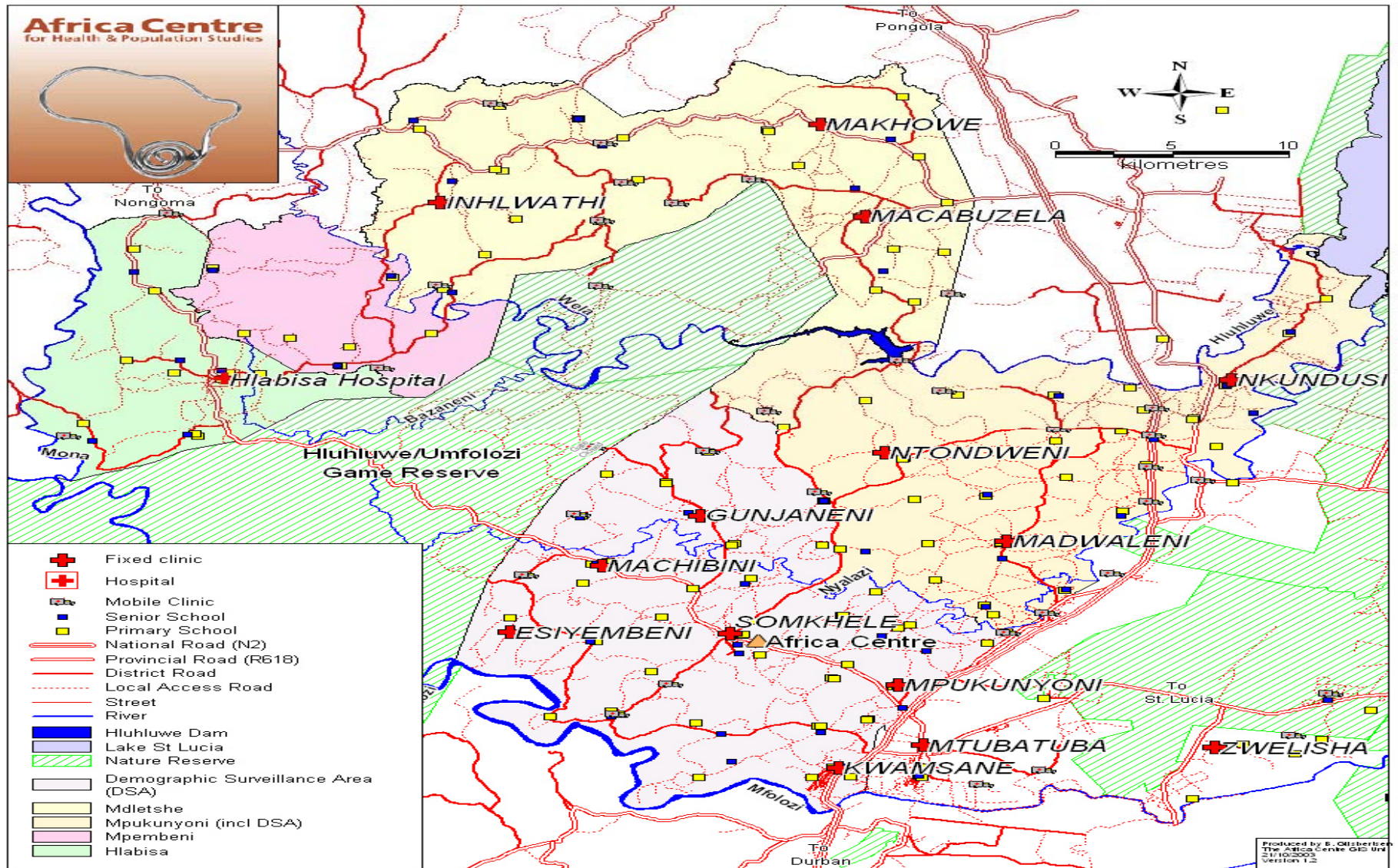
# Decentralising ARV delivery in a rural health sub-district

**Nigel Livesley**

Somkhele \_Durban within Kzn Province



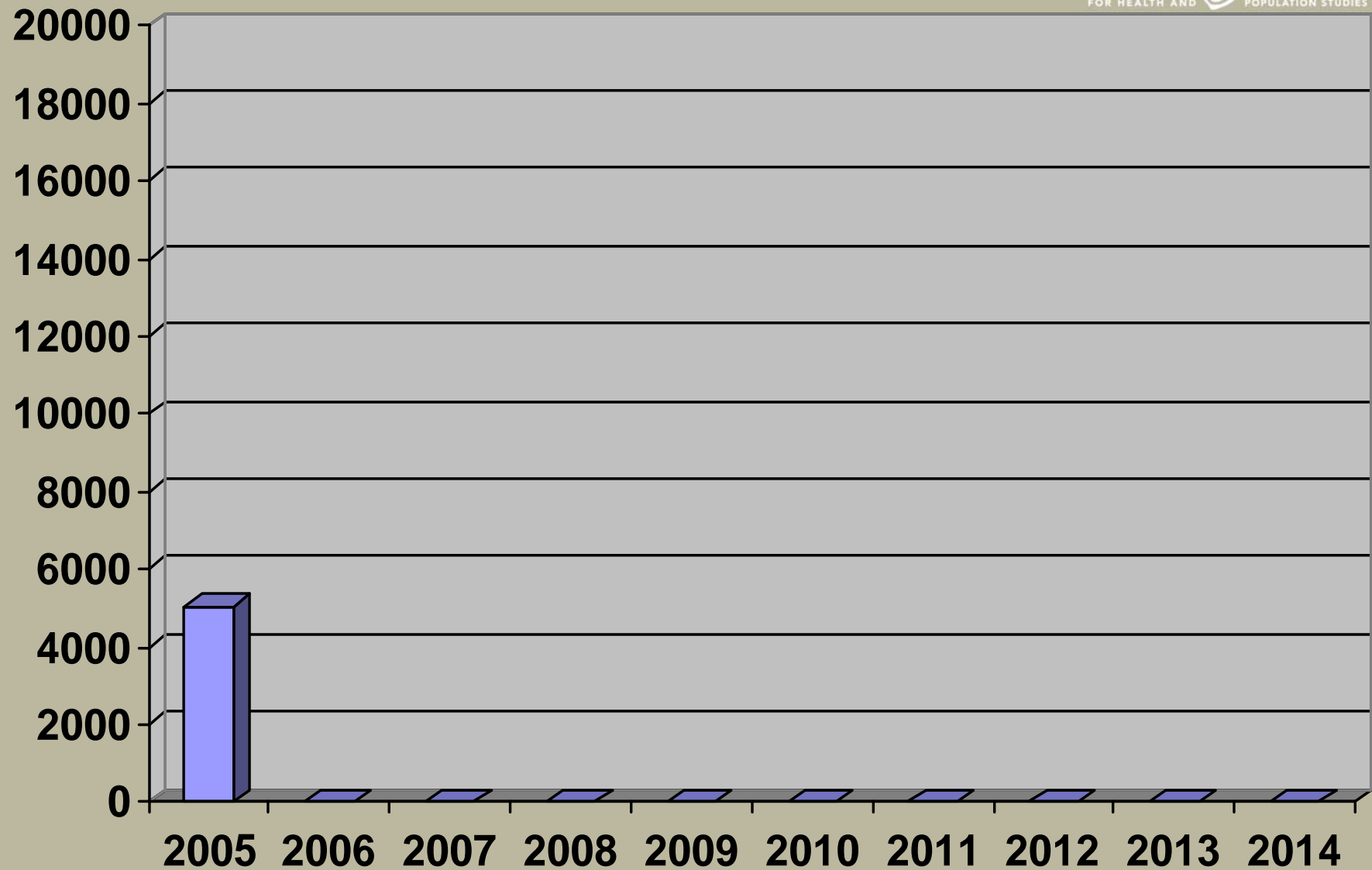
## Schools and Clinics within The Hlabisa Tribal District



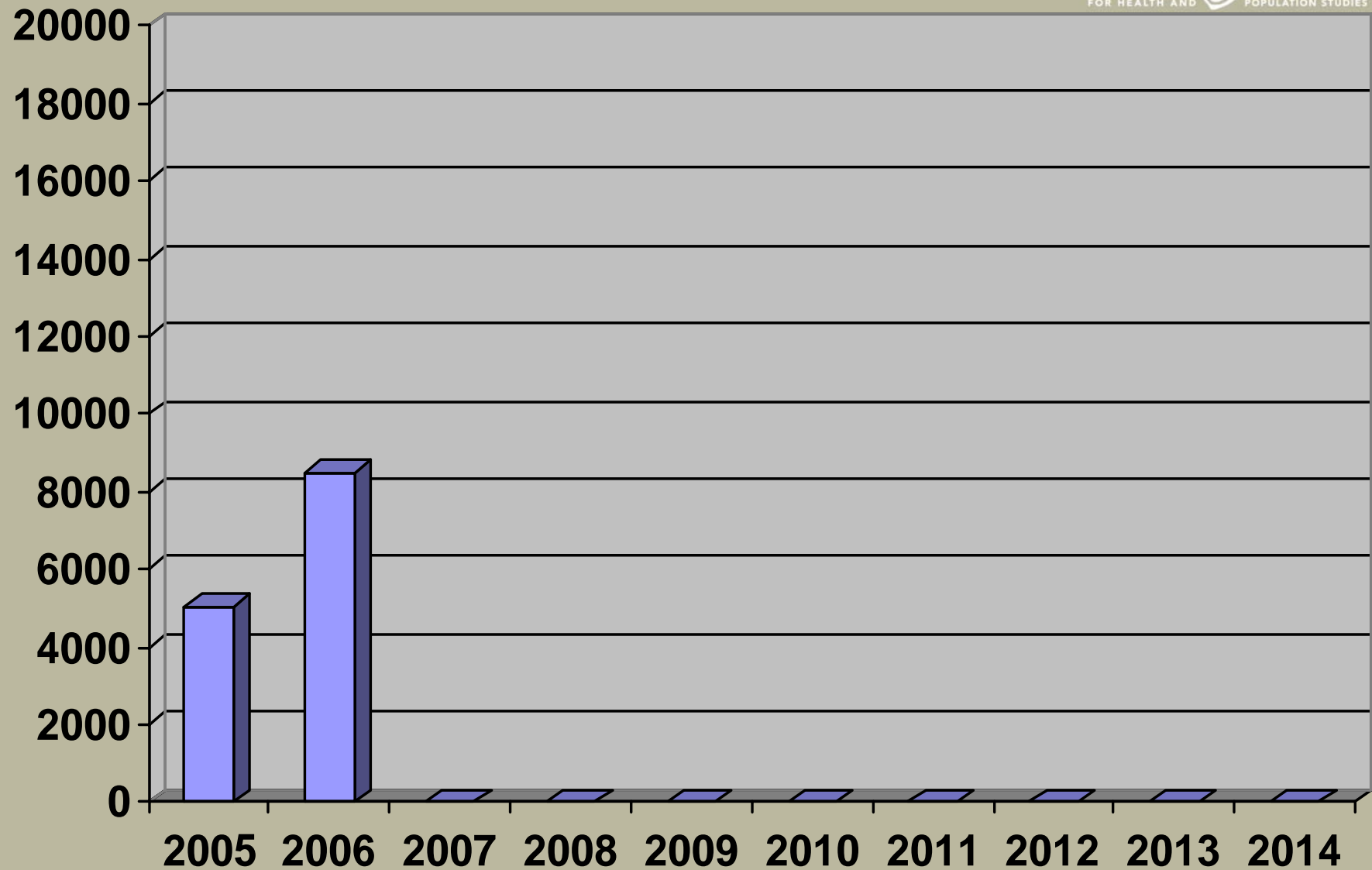
# Planning the ART Programme

- How many people will need treatment?
- Where should they get treatment?

## Patients receiving care in ART programme

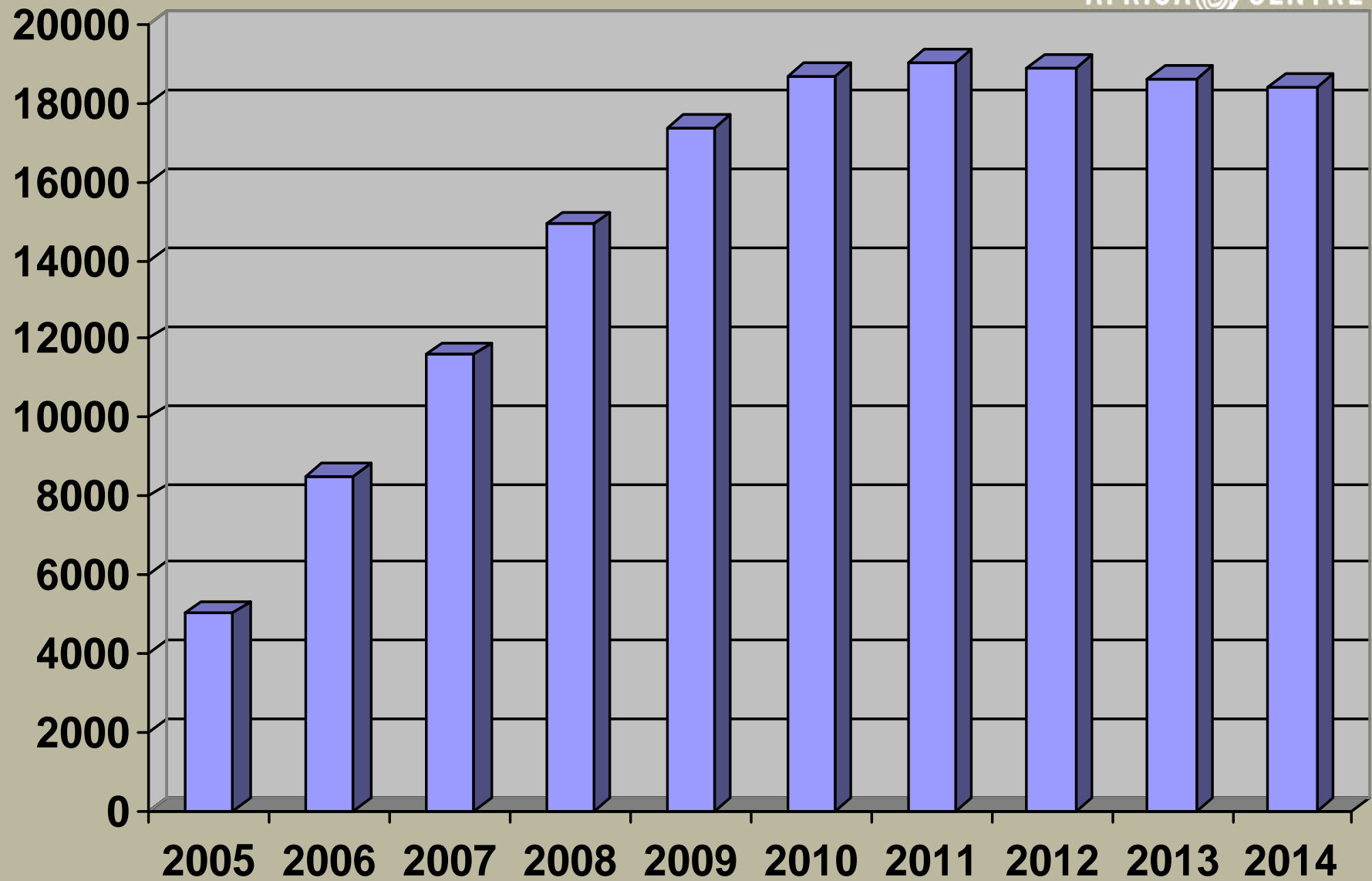


## Patients receiving care in ART programme

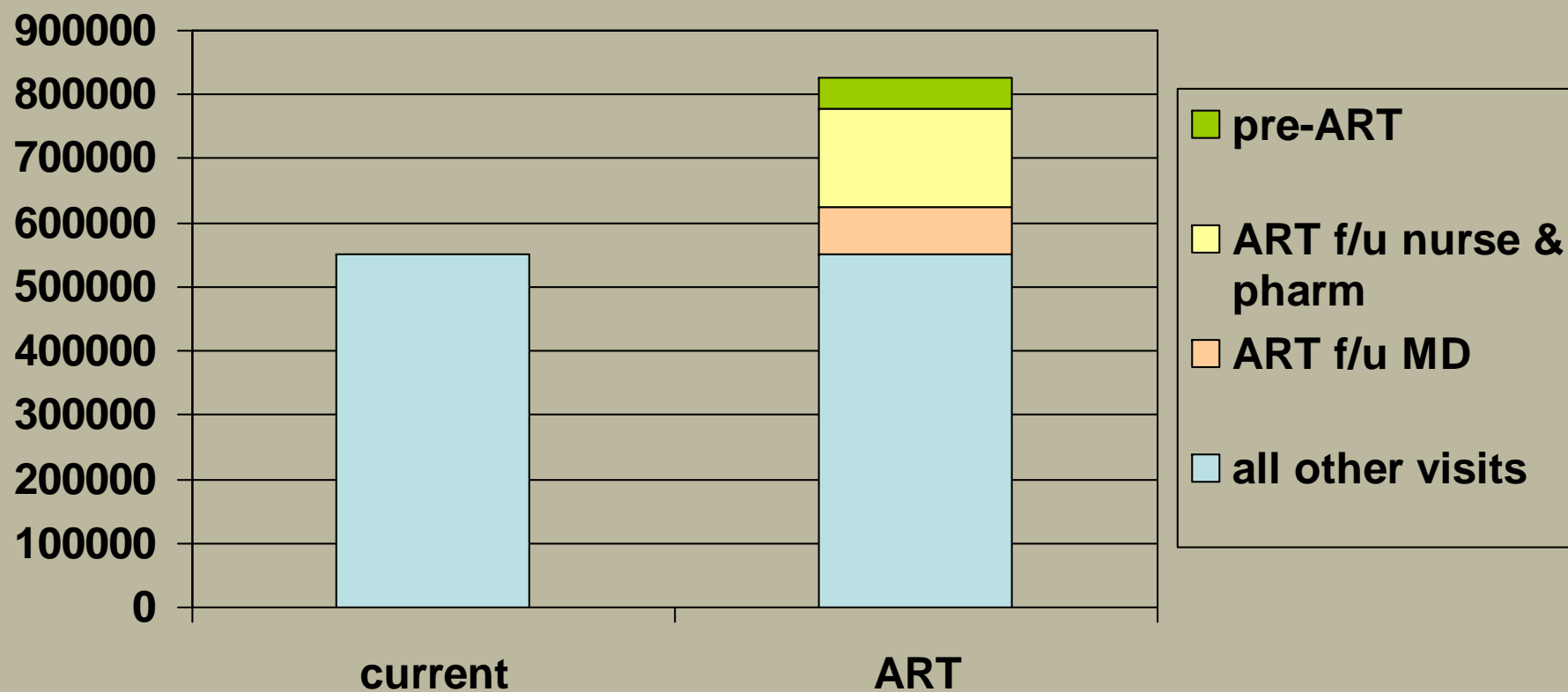




## Patients receiving care in ART programme



# Clinic visits





# Where should we treat people?

	Hospital	Clinics
Pros	Staffing Easier to train people Easier to supervise people Transportation Cheaper	Easier for patients to get there Integrate with other PHC programmes Spread the work load
Cons	Only wealthy patients can get there Too much work in one clinic Too vertical	Training and supervision Transportation Drug management Management of complications

# How to decentralise to the clinics



1. Train clinic staff
  - Clinical care
  - Logistics and statistics
2. Transportation of laboratory materials, samples, results, statistics, stationary to and from the clinics
3. Set up patient records
4. Initiate treatment
5. Ensure drug supply is adequate
6. Refer complicated patients
7. Monitor the programme
8. Ensure quality of care is good
9. Ensure data quality is good

# Training

- Hlabisa has had 4 – 12 doctors in the past 3 years
- The programme relies on nurses and counsellors to do the vast majority of the work

# Training

- Mobile training team
  - Nurse (Africa Centre)
  - Counsellor trainer (DoH)
  - Work around clinic schedules
  - Practical training and supervised visits
  - Review of patients

Transportation of laboratory materials, results, stationary to and from the clinics

- Routine hospital transportation
  - 1 vehicle to pick up sputum for TB microscopy
    - 1<sup>st</sup> clinic at 8am return to hospital 5pm
  - Inadequate for ART programme
    - VL and ALT must be done the same day

Transportation of laboratory materials, results, stationary to and from the clinics

- 1 vehicle visits each clinic weekly
  - Lab samples delivered to hospital ~ 3pm
  - Results delivered to clinics
  - Statistics delivered to hospital
  - Maintain supply of programme stationary

# Set up patient records

- No other patient records kept in the clinics
  - Other patients carry cards which nurses and doctors write on
- Need a system and a place to store them



# Initiate treatment

- Patients ready to start ART are asked to come on the next day the doctor is due
  - Doctor prescribes ART
  - Clinic orders drugs from pharmacy
  - Delay in starting therapy

## Ensure drug supply is adequate

- Clinics can't store buffer supply of drugs
  - Changing dose with weight
  - Emergencies
  - Delay in starting new patients
- Drugs ordered every month from the pharmacy
  - Must be ordered a week before the patient returns

# Monitor the programme

- Most data are collected from laboratory or pharmacy
  - Laboratory
    - CD4, VL
  - Pharmacy
    - Patients started on therapy
    - Patients remaining on therapy
    - Regimens
    - Lost to follow up
  - Daily ART registers in the clinics as well

# Refer complicated patients

- Charts stay in clinic
- Referral forms
  - HPI
  - Baseline laboratory data and weight
  - Recent laboratory data and weight
  - Medication history
- Problems
  - patients self referring and not taking any information with them
  - getting information back from the hospital

## Ensure high quality of care

- Quality control checklists for randomly selected patient visits
- Supervision is a difficulty
  - Inappropriate for AC to do to much of this

## Ensure data are of good quality

- Verify lab and pharmacy data against daily registers
  - Review charts if discrepancies are found
- Quality control checklists
  - Difficulty in supervision and getting out to clinics

# Progress

- 11 of 15 clinics have patients on therapy
- 7 are initiating therapy
- 325 patients on therapy in peripheral clinics at the end of 2005
  - Training has gone well
  - Routine transportation system works well
  - The main challenges are transport, communication and supervision
  - Not having stocks of ART in clinics is cumbersome
  - M and E still in development requires more training and better QA and QC



# Acknowledgements

- Hlabisa ART Team
- DOH
- Africa Centre
- PEPFAR
  - EGPAF
  - PACT